Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
TOTAL OLABAG			(Column 1)		(Column 2)			TYPE		OR.	SMALL	ENTITY
TOTAL CLAIMS								RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			22 minus 20=		*	<u>₹</u>		X\$ 9=	R-	OR	X\$18=	
INDEPENDENT CLAIMS					*			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESEI				SENT				+135=		OR	+270=	
* If	the difference	in column 1 is	ess than zero, enter "0"			column 2		TOTAL	373	OR	TOTAL	
CLAIMS AS AMENDED - PART II									•		OTHER	THAN
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 22	Minus	. 2	2	=	_	X\$ 9=		OR	X\$18=)
	Independent	NTATION OF M	Minus		S CCLAIM]=		X40=	į	OR	X80=	/
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
BEST AVAILABLE COPY								TOTAL		OR	TOTAL	
								ADDIT. FEE] 🔾	ADDIT. FEE	
		(Column 1) CLAIMS		HIGH		(Column 3)	lг		ADDI			ADDI
AMENDMENT B	e and the delice part	REMAINING AFTER AMENDMENT	the setting of the setting of	NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM		l			OI \		
							L	+135=		OR	+270=	
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)						
AMENDMENT C.		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=		X40=			X80=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		▎├	7,10-		OR	7.00-	
٠,	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ADDIT. FEE	
		ber Previously Pai					r four	nd in the app	ropriate box	in col	umn 1.	